

PART B - FEE(S) TRANSMITTAL

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34725 7590 04/20/2011

CHALKER FLORES, LLP
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Laura Da Conceicao	(Depositor's name)
<i>Laura Da Conceicao</i>	(Signature)
July 11, 2011	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/648,047	08/26/2003	Bill H. McAnalley	MANN:1003RCE	3228

TITLE OF INVENTION: ANTIOXIDANT COMPOSITIONS AND METHODS THERETO

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/20/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
FRITCHMAN, REBECCA M	1777	514-456000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Edwin S. Flores</u> 2 <u>Daniel J. Chalker</u> 3 <u>Chalker Flores, LLP</u>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
Mannatech, Incorporated

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Coppell, TX

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 504863. (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Edwin S. Flores

Date July 11, 2011

Typed or printed name Edwin S. Flores

Registration No. 38,453

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